CHAPTER 8
SECTION 4.1

PROSTHETIC DEVICES AND SUPPLIES

ISSUE DATE: September 19, 1990
AUTHORITY: 32 CFR 199.4(d)(3)(vii) and Public Law 107-107

I. HCPCS PROCEDURE CODES

Level II Codes L5000 - L9900, V2623 - V2629

II. DESCRIPTION

A. Prosthetic. A prosthetic or prosthetic device (prosthesis) determined by the Secretary of Defense to be necessary because of significant conditions resulting from trauma, congenital anomalies, or diseases.

B. Prosthetic supplies. Supplies that are necessary for the effective use of a prosthetic or prosthetic device.

III. POLICY

A. Prosthetics, prosthetic devices, and prosthetic supplies necessary because of significant conditions resulting from trauma, congenital anomalies, or disease are covered. Additionally, the following are covered:

1. Any accessory or item of supply that is used in conjunction with the device for the purpose of achieving therapeutic benefit and proper functioning;

2. Services necessary to train the recipient of the device in the use of the device;

3. Repair of the device for normal wear and tear or damage;

4. Customization of the prosthetic is covered when provided by an otherwise authorized provider.

B. Replacement. Replacement of a prosthetic is covered when:

1. Required due to growth or a change in the patient's condition; or

2. The device is lost or irreparably damaged or the cost of repair would exceed 60 percent of the cost of replacement. Effective April 1, 2005.

C. Surgical implants that are approved for use in humans by the U.S. Food and Drug Administration are covered as an essential and integral part of an otherwise covered surgical procedure.

D. As of May 20, 1999, the purchase of prosthetic devices is expanded to include, but not limited to, ears, noses, and fingers, as determined by the Secretary of Defense, to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease.

E. Prosthetic devices with an FDA-approved investigational device exemption (IDE) categorized by the FDA as non-experimental/investigational (FDA Category B) will be considered for coverage. Coverage is dependent on the device meeting all other requirements of the law and rules governing TRICARE and upon the beneficiary involved meeting FDA-approved IDE study protocols.

IV. EXCLUSION

Prosthetic devices categorized by the FDA as experimental/investigational (FDA Category A) IDEs.

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